



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: INDIANA ORTHOPAEDIC HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150160

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$88640300
Outpatient Patient Service Revenue	\$155984462
Total Gross Patient Service Revenue	\$244624762

2. Deductions From Revenue

Contractual Allowance	\$112432419
Other Deductions	\$1966601
Total Deductions	\$114399020

3. Total Operating Revenue

Net Patient Service Revenue	\$130225741
Other Operating Revenue	\$893281
Total Operating Revenue	\$131119022

4. Operating Expenses

Salaries and Wages	\$21555731	Employee Benefits	\$5086354
Depreciation and Amortization	\$1922895	Interest Expense	\$130190
Bad Debt	\$1633778	Other Expenses	\$56755018
Total Operating Expenses	\$87083966		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$44035056	Total Assets	\$41923955
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$11673192
Total Net Gains	\$44035056		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$65835508	\$25367220	\$40468288
Medicaid	\$5162736	\$3247034	\$1915702
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$173626518	\$87418544	\$86207974
Total	\$244624762	\$116032798	\$128591964

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$23460	\$-23460

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$80358	\$57670	\$22688

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$32309	\$-32309
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	932
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$6041193
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$1972589.53	\$2132347	
HCI Payments	\$0		
Subtotal	\$1972589.53	\$2132347	\$-159757.47
Medicaid Shortfalls	\$1240378	\$1733364	
Subtotal	\$3212967.53	\$3865711	\$-652743.47
DSH Payments	\$0		
Subtotal	\$3212967.53	\$3865711	\$-652743.47
Medicare Shortfalls	\$19927403	\$24369495	
Other Government Programs	\$0	\$0	
Total	\$23140370.53	\$28235206	\$-5094835.47

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0